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General Assembly
Twenty-first Special Session

Official Records

7th plenary meeting
Friday, 2 July 1999, 10 a.m.
New York

President: Mr. Opertti ..... (Uruguay)

In the absence of the President, Mr. Mungra (Suriname), Vice-President, took the Chair.

The meeting was called to order at 10.05 a.m.

Agenda item 3 (*continued*)

Credentials of representatives to the twenty-first special session of the General Assembly

(b) Report of the Credentials Committee (A/S-21/4)

The Acting President: We shall first consider the draft resolution recommended by the Credentials Committee in paragraph 14 of its report.

The Assembly will now take action on the recommendation of the Credentials Committee set forth in paragraph 14 of its report.

The Credentials Committee adopted the draft resolution without a vote. May I take it that the Assembly wishes to do the same?

The draft resolution was adopted (resolution S-21/1).

The Acting President: We have thus concluded our consideration of agenda item 3.

Agenda item 8 (*continued*)

Overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development

The Acting President: Before giving the floor to the first speaker, I should like to remind delegations that the length of statements is limited to seven minutes only.

I now give the floor to His Excellency Mr. Ida Bagus Oka, Minister for Population and Chairman of the National Family Planning Coordinating Board of Indonesia.

Mr. Oka (Indonesia): Let me begin, on behalf of the Indonesian delegation, by congratulating Mr. Didier Opertti on his assumption of the presidency of this special session of the General Assembly. I am confident that, given his well-known diplomatic skills and expertise, this meeting will be brought to a successful conclusion. Along with other participating States, I would like to assure him of my assistance in any way possible in the discharge of his challenging tasks.

Let me also state that my delegation is in agreement with previous speakers as to the importance they attach to this special session devoted to reviewing the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). The meeting's importance is further underscored by the fact that the world is on the threshold of a new

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millennium, with a broad spectrum of new challenges and opportunities.

I would now like to highlight some of the issues and concerns that Indonesia considers key to reorienting population policies and strategies into the broader framework of the ICPD. First is the full integration of population concerns into development strategies, planning, decision-making and resource allocation, at all levels and across all regions of the world. In this regard, though several developing countries have made progress, due to adverse socio-political conditions in many of them they have not yet been able to achieve this objective.

We in Indonesia consider ourselves fortunate, since our country is in the midst of fundamental changes and reforms that present us with opportunities to further accelerate people-centred development. This situation has helped us to better include the integration of population concerns in development. In keeping with that spirit, we are now seeking to accommodate the greater involvement of women, non-governmental organizations, community groups and private foundations, which should help to further promote our objective of fully integrating population concerns into our overall national development.

Secondly, having closely followed the debate on reproductive health, we believe that, rather than concentrating solely on demographic objectives, we should emphasize the importance of human and family development, the need to change attitudes towards reproduction, and a client-centred provision of high-quality family planning information and services. In this context, Governments should pay more attention to the special needs of adolescent reproductive health. My delegation would thus like to re-emphasize the importance of the principles enshrined in both chapter II and the *chapeau* of chapter VII of the ICPD's Programme of Action.

Thirdly, since Indonesia was severely hit by the recent financial crisis, which resulted in a dramatic reduction in its dynamic growth and development, it has become critically important for us to seek international assistance. Our success in implementing the ICPD commitments has been drastically affected by the crisis. However, I am of the firm belief that with our strong conviction and commitment, coupled with the wide and constructive participation of all relevant actors and with the support of the international community, we will be able to achieve our common objectives, as set out in the ICPD recommendations.

With this in mind, we truly appreciate the draft presented by the President on key actions for further implementing the ICPD's Programme of Action. In the draft it was unanimously acknowledged that the developed countries should provide funds to offset the problems of the developing countries arising from the crisis, thereby enabling them to better implement the Programme of Action. In this connection, we firmly believe in the need for a comprehensive and enduring solution to the foreign-debt problems of those countries most affected by the economic crisis, including debt swaps for population and development programmes.

For its part, Indonesia stands ready to fulfil its commitments. By the same token, however, we expect the international community to do the same by appropriating the necessary funding. Without the mobilization of such resources, it is unlikely that any meaningful progress can be registered in the implementation of the Programme of Action. I might add in this connection that poverty is a major constraint on the path to implementing the Programme. On the other hand, the alleviation of poverty is directly correlated to success in population stabilization and in improving the quality of life.

Fourthly, Indonesia would like to express its concern over the tendency in some quarters to use this forum to revisit the functions of the United Nations bodies dealing with population matters, especially with respect to the issue of reproductive health. Such an approach was indeed required for the post-cold-war international scene, which had ushered in a series of new challenges. The situation has become even more tenuous with the complexities of the new millennium on our doorstep. At the same time, while we recognize the need to revisit this issue for the purpose of strengthening the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF) and other related bodies and their leadership role, we must also be aware that such a delicate question is beyond the mandate of this session. Rather, we consider it advisable that the question should be addressed in a more comprehensive manner and in a broader context in the framework of the United Nations reforms.

Fifthly, of no less importance are conditions supportive of the implementation of the Conference's Programme of Action. My delegation strongly believes that the programmes developed for this purpose should be implemented to the best of our ability. Thus, it is

important that capacity-building, the transfer of knowledge, know-how and technology, in particular contraceptive production, as well as research and information, among others, should be vigorously pursued. In this way Member States, especially the developing countries, will be enabled to fully implement their population and development programmes as mandated by the ICPD.

In this regard, I would like to reiterate Indonesia's offer to share its significant experience in this field with other developing countries within the purview of South-South cooperation through our International Training Programme in Population and Reproductive Health.

In conclusion, I wish to reiterate that the ICPD was entrusted with a task of unprecedented importance. To achieve the successful implementation of the ICPD and its Programme of Action, however, will require partnership on the part of all sides — Governments and the private sector, developed and developing countries alike, and all relevant international organizations. I would therefore like to take this opportunity to call on all participating countries to ensure that they do not allow this unique opportunity to evade them or to pass them by without achieving any concrete results. For if we are unable to achieve positive results, there is a real danger that the repercussions and consequences for future generations of humankind will be severe and devastating.

The Acting President: I give the floor to His Excellency Mr. Peter Magvaši, Minister of Labour, Social Affairs and Family of Slovakia.

Mr. Magvaši (Slovakia) (*spoke in Russian*): The Government of the Slovak Republic adopted in June of this year a national report on the review and appraisal of the International Conference on Population and Development (ICPD+5).

The report states that the second half of the 1990s can be described as a period of stabilization of demographic trends. The most discussed issue is that of the birth rate. Its largest decrease occurred in 1994; since then its decline has slowed significantly. The decline in fertility is linked to a woman's age at the time she gives birth to her first child. Compared with other countries of Western Europe, that age is still relatively low, but it has been slowly increasing.

Of great importance to this demographic trend is the fact that the number of abortions has dropped considerably. This means that the number of abortions not performed in conformity with standard medical practice has also fallen. The overall abortion rate is 4.9, the lowest figure in recent years. This decrease is linked to the increased availability of contraception and compulsory sex education in schools, as well as to a strongly anti-abortion social climate.

We note that, in 1998, the population structure in our country was similar to that of the neighbouring countries. Our population is gradually ageing, but it should be added that Slovakia is also experiencing a natural population increase.

The Government of the Slovak Republic recognizes population policy to be a main component of family policy. We believe that the fundamental nature of demographic development calls for an integrated approach to solving family problems. It requires the creation of appropriate economic and social instruments to support parental responsibility and the provision of legal protection and moral support for marriage and family.

In 1996, the Government of the Slovak Republic adopted a new model of family planning, known as the Concept for State Family Policy. The Policy is cross-sectoral and takes into account article 8 of the European Convention on Human Rights. The Policy formulates the following principles as regards the demographic behaviour of the population and support for its healthy development.

First, parents have the right to determine how many children they wish to have and when to have them. This right is linked to parents' responsibility for the physical and spiritual development of their children and their upbringing. Secondly, the monitoring of the demographic behaviour of the population of the Slovak Republic and the adoption of relevant measures are also constituent parts of state family policy. Thirdly, the objectives of the State family policy in the field of population development have a scientific basis. The basic objective is to preserve balance in the age structure of the population and to maintain a certain number of inhabitants. Fourthly, within the framework of the educational process in schools, the State is responsible for the content and implementation of various educational programmes to help prepare children and young people for marriage and parenthood. The primary focus of this preparation in primary and secondary schools is on the alternative compulsory and voluntary subjects of ethics and religious education. The approved draft educational policy on

marriage and family matters in primary and secondary schools allows the accommodation of various groups in terms of the content and implementation of sex education.

In the context of providing prophylaxis, health care and protection to all family members, particularly mothers and children, and of working to reduce the number of abortions, the State disseminates information on natural methods of birth control and contraception.

The Government of the Slovak Republic monitors the social situation on a regular basis and analyses the demographic behaviour of the population. It will continue monitoring the implementation of the State family policy and, in case of need, propose both direct and indirect measures to support the family and its right to choose its reproductive behaviour.

As an associated country of the European Union, the Slovak Republic supports the work of the United Nations in the field of population and development. As it develops future population policy and adopts further measures, the Government of the Slovak Republic will aim at the comprehensive elaboration and implementation of the conclusions of the Cairo Conference. That is why we have associated ourselves with the statement of the European Union and the European Free Trade Association countries, as well as those of the countries of Central and Eastern Europe.

The Acting President: I now give the floor to His Excellency The Honourable Fred Fono, Minister for National Development and Planning of the Solomon Islands.

Mr. Fono (Solomon Islands): At the outset, I wish to congratulate Mr. Opertti on his appointment as President of the General Assembly at its twenty-first special session and to commend him for the fine job he has done thus far. On behalf of the Government and people of the Solomon Islands, may I take this opportunity to thank the United Nations Population Fund (UNFPA), other United Nations agencies and our development partners for their contributions to the socio-economic development of our small island nation.

The International Conference on Population and Development (ICPD), held in Cairo in 1994 was an important global landmark. The Conference stressed recognition of the broader issues involved in the interdependence of population, development and environment. The Programme of Action adopted at that time required specific commitment to its effective implementation over the next 20 years. Global collective action is crucial to further progress. In Cairo, the Solomon Islands joined the international community in committing itself to the implementation of the ICPD Programme of Action. We promised to give high priority to issues affecting our young and fast-growing population.

The ICPD Programme of Action has given us a new paradigm of development: improving quality of life through poverty alleviation; enhancing universal access to education; ensuring the equity, equality and empowerment of women; and advocating universal access to high-quality reproductive health services. Additionally, we in the Pacific islands firmly adhere to our core belief in family values and the commitment we made to the "healthy islands" concepts which are embraced in the ICPD Programme of Action.

Recognizing the interdependence of population and socio-economic development, the Solomon Islands accords population issues a high national priority. Population policy-related concerns have become an integral part of the Department of National Planning and Development. Accordingly, there has been an increase of 15 per cent and 12 per cent of the total annual budgetary allocation to education and health, respectively. We have been able to integrate reproductive health and family-planning services into the primary health-care system and to intensify interventions to prevent, control and eliminate the leading causes of morbidity and mortality. In addition, we have been able to strengthen partnerships and collaboration between public and private sectors, including non-governmental organizations, to improve the provision of quality basic education for all children and the development of school curriculum on priority health issues.

Since Cairo, Solomon Islands has adopted national policies on population, women and nutrition. The Government is also engaged in the design of a national youth policy. The National Population Policy of 1998 provides a major framework for population-based socio-economic development, while the National Women's Policy sets the framework for women in development and their empowerment as partners in nation-building.

Solomon Islands notes the key actions for further implementation of the ICPD Programme of Action, as reviewed by the preparatory committee. We welcome the efforts and cooperative spirit demonstrated during the

preparatory process. Of particular importance to us, as a least developed country with a young and fast-growing population, high maternal and infant mortality rates and a high illiteracy rate, especially among the female population, are the adoption and implementation of this Programme of Action, which is not only relevant, but has become more urgent than ever before.

The future direction for population and development issues must be set on the basis of past successes and failures as we reaffirm our commitment to the Programme of Action. In doing so, Solomon Islands firmly believes that human rights must be respected and promoted with responsibility. These responsibilities can be understood only through proper information, education and communication made available to the entire population. This must be our commitment to and mandate for the next millennium.

With regard to internal population migration and displacement, Solomon Islands has been able to provide basic health services to its internally displaced population, as experienced in the current ethnic unrest on Guadalcanal. At this juncture, I wish to express my Government's appreciation for the prompt response to our request for humanitarian assistance from the Commonwealth Secretariat, the United Nations and other development partners.

The reproductive health components of the ICPD Programme of Action have been well integrated into the main health-care system. We are able to broaden our programme in maternal health, child-survival activities, adolescent health and sexually transmitted diseases, including HIV and AIDS awareness programmes. Solomon Islands is yet to record a case of AIDS. However, the high prevalence of sexually transmitted diseases among our youth is a concern. Education is our main strategy. The participation of civil society, including churches and non-governmental organizations, has been a major thrust towards achieving a reduction of maternal mortality and childhood illnesses. Crucial to improved reproductive health are the understanding and awareness of these amongst leaders at all levels, including the rural population. Solomon Islands is also mindful of its vulnerability to paedophile activities in our region. Steps are being taken to legislate against such activities.

Given the current economic difficulties, my Government has embarked on a major policy and structural reform programme. A Medium-Term Development Strategy was developed and adopted, of which the underpinning principle is that all development initiatives are population- or people-focused. The ultimate goal is to fully integrate population issues into all sector development plans and activities.

Like other island States in the Pacific, Solomon Islands has made progress in the last five years. The magnitude and extent of the achievement are determined by the structural, socio-economic and political environment of the country. We have learned one most important lesson in our experience in the process of implementing the ICPD Programme of Action: unequivocal national commitment, effective partnerships and collaboration, and community support and participation are essential elements that can be utilized to address the more challenging issues. It is also crucial that the donor community honour its commitment and continue to assist small island nations to achieve a more sustainable development.

In conclusion, I believe that, at the end of this special session of the General Assembly, we should be prepared to approach the next decade with vigour and to reaffirm our commitment to achieving tangible goals of the ICPD Programme of Action. Solomon Islands will continue to reaffirm its commitment to the principles and goals of the Programme of Action and will seek to ensure that a concerted effort for a healthy, happy and a productive population as we enter the new millennium.

The Acting President: I now give the floor to His Excellency Mr. Hong Sun Huot, State Minister and Minister of Health of Cambodia.

Mr. Sun Huot (Cambodia): It is a great honour for me to represent the delegation of the Kingdom of Cambodia at such an important event as the twenty-first special session of the General Assembly on the overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). Cambodia has aligned itself with the statement presented by Germany on behalf of the European Union.

The 1994 International Conference on Population and Development (ICPD) was a watershed for and a tribute to the relevance of population issues. In the preamble of the Programme of Action, the Conference is described as the defining moment in the history of international cooperation, noting the growing recognition of global population, development and environmental interdependence. In 1994, the Royal Government of

Cambodia fully endorsed the Programme of Action. It did so even as many Cambodians, possibly recalling the immense loss of the recent past, may not have been certain about all aspects of population issues.

The genius of the Programme of Action lies in its emphasis on sovereign and individual action to achieve a higher goal. It recognizes that each nation should decide its own course of action within the boundaries of international standards of cooperation and universal solidarity epitomized by the United Nations Charter, and that any such course must aim to make individual human beings the centre of concerns for sustainable development. The Programme of Action presents a vision and blueprint for global development, while strongly reconfirming the principle that nations are the engines for progress on a journey that begins in the mind of every man and woman.

Cambodia has tried, I believe successfully, to do justice to this wisdom. From a careful, modest beginning in 1994, Cambodia has since taken great strides towards defining and implementing its vision. What began as a modest capacity-building exercise in delivering birth-spacing services in selected parts of the country has expanded into a full nationwide reproductive health programme which is a fully integrated part of the standard minimum package of activities for primary health-care services.

In 1999, we established the National AIDS Authority to ensure a more effective multisectoral approach to this disease, which, I am sad to say, has already assumed epidemic proportions in my country.

The 1998 national census, the first since 1962, took over four years to prepare. The population count was nationally and internationally recognized as a model of execution. A very high response rate and the high quality of completed questionnaires assure policy makers and development planners the use of a highly reliable population database. The efforts of the Government, particularly in the area of gender and women, are represented by a strong Ministry devoted specifically to promoting the status of women. The five-year plan of the Ministry has as its main goals the empowerment of women to influence national policies and the mobilization of the nation to ensure gender equality and equity. The Government is complemented by the strong work of members of the community of non-governmental organizations active in such areas as reproductive health and women's rights, many of which were inspired by the ICPD Programme of Action and the Fourth World Conference on Women in Beijing in 1995.

Since the International Conference on Population and Development, held in Cairo in 1994, Cambodia has made significant progress. The Royal Government of Cambodia has exerted all efforts to eradicate poverty and to realize a decent and prosperous living standard for its peoples. The Government attaches great importance to issues pertaining to the well-being of human beings and to encompassing all national and international activities with a view to achieving economic growth in the context of sustainable development and social justice. As political stability grows, the Government is able to further strengthen its contribution to the social sector. The contraceptive prevalence rate, although modest by international standards, is increasing rapidly. Increased awareness of HIV/AIDS is beginning to translate into greater condom use among men visiting commercial sex workers. Appreciation among Cambodian leaders for the relationship between population and development has grown significantly, particularly since the 1998 census.

We recognize, of course, that much remains to be done. Maternal mortality rates are unacceptably high. As I have already said, AIDS is an epidemic in Cambodia. Domestic violence and trafficking in women and children need to be addressed urgently and more effectively. Despite some important efforts now under way, not enough is being done to address the considerable reproductive health needs of young people. School drop-out rates for girls are far higher than those for boys. My country's performance on the Gender Development Index leaves much to be desired.

As I stated earlier, Cambodia has made impressive progress since the ICPD. I must stress that this progress can be safeguarded only if we honestly and sincerely face the challenges that still lie before us. The Royal Government of Cambodia did so when it endorsed the ICPD Programme of Action. It accepts its responsibility for improving the quality of life of all individuals and recognizes that aiming to meet the goals of the ICPD Programme of Action is pivotal to extending such quality of life to all Cambodians.

In this context, I wish emphatically to call upon the international community to further strengthen its efforts by increasing its commitments to meet the goals of the Programme of Action. The Royal Government of Cambodia looks forward to the next five years of cooperation leading up to the next global meeting on

population and development and wishes all representatives success and prosperity along the way.

The Acting President: I now give the floor to His Excellency Mr. Sodovyin Sonin, Minister for Health and Social Welfare of Mongolia.

Mr. Sonin (Mongolia): It is with great pleasure that I express, on behalf of the Government of Mongolia, my appreciation for the fact that the United Nations General Assembly has convened its special session to review and appraise the five-year progress made towards implementing the Cairo agenda on population and development.

Thanks to the intensive efforts and activities of the organizations within the United Nations family, the strategy of human-faced and sustainable development is becoming the core of the developmental policies of countries and nations around the world. The International Conference on Population and Development (ICPD), held in Cairo in 1994, was a significant watershed in integrating human rights issues into the overall development process. In Cairo we learned that development is about empowering people, including women, to benefit equally from growth and that it is also about the urgency of concerted and mutually reinforcing policies and actions to address peoples' needs. This underlines not only respect for human rights but also the necessity of putting a human face on development.

Mongolia is a country that is pursuing simultaneous transition to democracy and a market-oriented economy. The structural reforms and budget constraints during the transitional period have affected the delivery of essential social services, particularly to the scattered rural population. Mongolia has a youthful population, with almost 57 per cent of the total population being under the age of 25. This underlines the increased need for the Government to implement appropriate policies for providing quality education and health care, including reproductive health services, and for increasing employment opportunities.

Although a number of difficulties are arising during this transition period, the Government of Mongolia has been keen to implement the ICPD goals. Thanks to our efforts and to assistance from the United Nations Population Fund (UNFPA) and other United Nations agencies, substantial improvements have been reflected in decreasing maternal and child mortality, strengthening reproductive health services to reach the remote and semi-nomadic population, increasing reproductive health information to young people and promoting gender equality. These efforts are part of our national reproductive health programme.

However, there are a number of challenge that we face in the field of population. Maternal and infant mortality rates are still high. Domestic violence and alcohol abuse are emerging social problems that demand immediate and appropriate action. There is a need for further improvement in the access to and quality of reproductive health services for the poor and those living in remote areas. Although the country has not experienced the HIV/AIDS epidemic to any significant extent, incidences of sexually transmitted diseases are on the rise.

In cooperation with United Nations agencies, the Mongolian Government has designed multisectoral strategies on preventing HIV/AIDS and sexually transmitted diseases. We are very pleased to see that this special session is focusing on strengthening actions to improve reproductive health education and services for adolescents and young people, to prevent and treat HIV/AIDS and sexually transmitted diseases, reduce maternal mortality and morbidity and further increase male involvement in addressing women's reproductive health concerns and needs.

The concept of population and development embraces a broad range of policy interventions. The Mongolian Government firmly believes that ensuring that there is a link between economic growth, social sector development, environmental protection and sound governance in developing and implementing policies and strategies is vital for sustainable development. To exercise a human-centred development approach is therefore essential to building a just and democratic society where all generations fully benefit. Therefore, besides pursuing sustained economic growth, the Government attaches great importance to poverty alleviation, unemployment reduction and the protection of the poor and the vulnerable. Although resources are limited, we are determined to act in an appropriate and timely manner.

The Mongolian Government believes that active and mutually supportive collaboration with a multitude of social partners is an important and necessary component of development. Civil participation is being increased, including in the provision of reproductive health-care services to women and adolescents. Thus active civil participation was felt during the drafting of the new Family Law.

I am pleased to note that the Mongolian Government is strongly committed to achieving the ICPD goals and that we are keen to continue to strengthen the actions aimed at the further effective implementation of the Cairo Programme of Action.

The Acting President: I give the floor to His Excellency Mr. Tone Rop, Minister for Work, Family and Social Affairs of Slovenia.

Mr. Rop (Slovenia): First allow me to express my great satisfaction at this special session, which is enabling us to discuss the results achieved and the obstacles encountered in the implementation of the Programme of Action adopted at the Cairo Conference in 1994, as well as other issues related to population and development policy.

Slovenia has associated itself with the statement made by the representative of Germany on behalf of the European Union. We would like to take this opportunity to reaffirm our support for the objectives and principles of the Programme of Action. Slovenia has also been following with great interest its implementation at the global level.

We believe the Programme of Action to be a well-structured framework of objectives within which national Governments can be encouraged to find the most appropriate path to their fulfilment. However, we wish to stress the importance of recognizing the diversity of systems, cultural heritage and accepted norms and values in different countries, which undoubtedly presents an obstacle in reaching our objectives. We therefore feel it is pivotal to encourage both cooperation and coordination among the United Nations agencies and individual countries in their quest for common solutions.

With regard to the future implementation of the Programme of Action, we strongly believe that special attention and greater commitment is required, particularly in preventing the spread of HIV/AIDS and protecting mothers, since the mortality rate of mothers in certain regions is increasing. In this context it is necessary to ensure that countries are committed to providing education and counselling to young people regarding reproductive health. The demographic challenges we are facing at the end of this millennium demand that we go beyond mere discussions and call for concrete actions to mitigate negative consequences. It is important to acknowledge that the growth of individual problems of a demographic nature takes time, and that it is therefore unrealistic to expect a solution overnight. This should by no means discourage our common efforts to seek answers and appropriate, effective solutions.

Although the fields encompassed by a population policy were already on Slovenia's agenda, we have sought further solutions to population issues since the International Conference on Population and Development, held in Cairo in 1994.

Indeed, Slovenia's eagerness to respond to the objectives of the Programme of Action is further evidenced in its decision to increase the share of public expenditure in the gross domestic product for human resource development.

As regards its population and development policy, Slovenia employs various measures in different areas of social policy which also indirectly influence the reproduction of the population. Notwithstanding the diversity in the solutions applied, Slovenia acknowledges that its population problems remain and might become increasingly compelling. For this reason it will be necessary to devote special attention to them, at the expert as well as the political level.

Regarding the Programme of Action and its implementation, it is essential to underline the importance of certain issues that were to some extent neglected at the 1994 Conference. We are referring to the increasing problem of the ageing of the population, an issue that is already demanding our full attention. Certain actions to deal with the problem and its numerous consequences have already been taken, both within individual countries and in the United Nations, not least by declaring this year to be the International Year of Older Persons.

The ageing of the population is one of the major demographic challenges at the end of the twentieth century, and it will significantly influence the formulation of social security systems. The changing demographic conditions and their long-term consequences demand a coordination between needs, available programmes and capacities. The ageing of the population also demands an entirely different social and personal approach to old age. It involves adjusting and enhancing attitudes that value elderly people as an important human resource, integrated in society's development.

The Republic of Slovenia continues to hold the view, at both the global and national levels, that major importance should be attached to access by the population to education and health services, to the prevention of

poverty and to a reduction in the level of mortality. As already mentioned, we are devoting special attention to the ageing of the population, with the primary goal of maintaining the independence and dignity of the elderly. Furthermore, it is essential to move further towards equal treatment and access to all positions in society, regardless of gender. The basic guideline in all these efforts must be respect and protection of human rights.

Policy changes must prevent the danger of the rapid spread of social problems, the decline in active work, and the growth of unemployment, poverty and social exclusion. Poverty remains a problem in all countries of the world. Its existence is a vocal reminder of the urgent need for different, integrated approaches.

Slovenia is devoting particular attention to the problem of poverty and social exclusion. We have formulated a National Programme to Combat Poverty and Social Exclusion, which harnesses the measures of various policies from the areas of employment, housing, health care, labour relations, social security, the tax system and education. In formulating the National Programme, we have acknowledged the important role played by non-governmental organizations and social partners.

The development of today's society is closely linked to the standard of living of those who compose it. Quality of life is determined not simply by material goods, but is made up of a whole set of simultaneously interwoven factors: health, education, employment, elimination of poverty, respect of human rights, the possibility of self-fulfilment, social and cultural integration and living in an ecologically enlightened environment. The goal of human development must go beyond amassing material wealth, and such wealth should be understood simply as a means to create circumstances in which individuals will be able to live a healthy and creative life. I hope that recommendations adopted at this special session will further contribute to the full implementation of the objectives we have set together in the Programme of Action.

The role of the United Nations and its agencies is vital in this, and let us therefore jointly support them, both in principle through our discussions and in practice through our actions.

The Acting President: I now give the floor to His Excellency Mr. Abdul Rahim Al-Sbei'i, Minister of State for Planning Affairs of the Syrian Arab Republic.

Mr. Al-Sbei'i (Syrian Arab Republic) (*spoke in Arabic*): It gives me great pleasure to congratulate the President on his election to lead this special session of the General Assembly. We sincerely hope that the session will reach a successful conclusion under his wise leadership.

I wish to express my sincere thanks and appreciation to the Secretary-General, the Executive Director of the United Nations Population Fund (UNFPA), the Chairman of the Committee on Population and Development, and to their staffs for the great efforts they have made in the preparation of this special session on the overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development (ICPD), which was held in Cairo in 1994.

The most important element of the ICPD is the many dimensions that were added to the scope of population policy concerns, so that they now encompass almost all aspects of cultural, social and economic life, which now are viewed from the perspective of human development.

We would like to stress the interest of the Syrian Arab Republic in population-related issues and in the Programme of Action of the ICPD, which states:

> "The implementation of the recommendations contained in the Programme of Action is the sovereign right of each country, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights." (*A/CONF.171/13, chap. II*)

Since 1970, population issues have been given an increasingly prominent status in development plans in the Syrian Arab Republic. The letter of the President of the Syrian Arab Republic to the International Conference on Population held in Mexico in 1984 stressed the need to address population issues by linking democratic changes to social and economic developments.

Syria's fifth five-year plan for social and economic development, for the years 1981 to 1985, introduced a new dimension; the population issue was taken into account in assessing and satisfying the needs of rural and urban areas. This has proved the interrelationship of population factors and social and economic development, as well as the considerable challenges involved in meeting

the increasing needs of the population for services and in providing job opportunities to the increasing numbers of people who make up the labour force.

The Syrian Arab Republic is pursuing a comprehensive and balanced social and economic development strategy. Within the framework of this strategy the following population-related topics are being accorded high priority. Education is accorded a special priority in Syria. It is free at all levels and is provided to all without distinction between males and females. It is also mandatory at the elementary level. Particularly since the ICPD, population has been introduced as a topic of study in both formal and informal education programmes, some of which are undertaken in collaboration with the concerned United Nations agencies.

The State provides free of charge, in both rural and urban areas, various health services, including reproductive health care, family planning and education about sexually transmitted diseases. This is in addition to the health services provided by the private sector. In light of the evolution of the child- and maternal-care concept into a reproductive health concept, the strategies necessary for the application of the concept and the services of reproductive health have been developed, as well as cross-sector cooperation, governmental and non-governmental alike.

All these efforts in the field of reproductive health and related health advice, education, information and communications have contributed to speedy and considerable improvement in health indicators, specifically those related to mother and child health care. The periodic data collection system in Syria shows that the percentage of women registered with and benefiting from family-planning services has more than doubled over the last four years.

The issue of gender equity and the empowerment of women enjoys great attention in Syria at the governmental and non-governmental levels. The Central Bureau of Statistics is currently collaborating with the governmental bodies and non-governmental organizations, as well as with the Economic and Social Commission for Western Asia, in implementing a wide-ranging project on establishing a database of gender statistics.

Among the most prominent manifestations of gender equity and the empowerment of women in Syria are the important positions women enjoy in legislative bodies. The percentage of women in the People's Assembly — the parliament — has reached 11 per cent. Moreover, Syrian women enjoy senior posts in both executive and legislative bodies, as well as in other activities and functions. Women also assume distinguished positions in non-governmental organizations.

There has been an increase in the percentage of female students at all school levels. Compared to all graduates of elementary schools, the percentage of females who have completed elementary school is 47 per cent; it is 50 per cent for preparatory and secondary schools and 40 per cent for universities.

The President took the Chair.

As regards participation, the non-governmental organizations play an important role in designing, preparing, implementing and evaluating population activities by coordinating their work among themselves and with Government bodies at all levels.

Concerning the issue of refugees and evacuees, the Programme of Action of the ICPD addressed resolving refugee problems by stating that the problems of refugees and displaced people arising from forced migration, including their right to repatriation, should be settled in accordance with the principles of the Charter of the United Nations, the Universal Declaration of Human Rights and relevant United Nations resolutions. It is incumbent on our conference to call once again for the implementation of United Nations resolutions related to ending the Israeli occupation of the occupied Arab territories and the application of the right of refugees and emigrants to return to their homes, while emphasizing that occupation is incompatible with development, stability and security.

In the field of direct financing of the population programmes in the Syrian Arab Republic, implemented in cooperation with UNFPA, the national governmental and non-governmental bodies contribute to these programmes 10 times more than UNFPA and the other donors. Accordingly, we hope the donor countries will meet their commitments concerning the provision of funds and of the technical assistance necessary for the population programmes.

Finally, we reiterate our thanks and appreciation to the United Nations Secretariat and to UNFPA and express our delegation's readiness to cooperate with the President to ensure the success of this session.

The President (*spoke in Spanish*): I now call on the next speaker, His Excellency The Honourable Earl

Martin, Minister of Health and Women's Affairs of Saint Kitts and Nevis.

Mr. Martin (Saint Kitts and Nevis): Our attendance here today represents our commitment to advance the standard of living of our populations, a recognition of the magnitude of the global task of human development and the value of international collaboration, and the commitment of the Government of Saint Kitts and Nevis to the International Conference on Population and Development Programme of Action.

The development model of trade liberalization, with its requisite reforms of our fiscal, trade and administrative policies, does not leave much hope for the growth and development of our small island States — certainly not in the near future.

The high level of vulnerability of small island States to such external influences as international financial crises and natural disasters, which periodically retard our economic growth, suggests the need for an internationally agreed vulnerability index for application to countries that are seriously affected by external shocks such as these.

A key case in point can be found in our recently completed berthing facility as part of our expansion project in Basseterre of some 25 acres: Port Zante. With the advent of a single hurricane, Hurricane Georges, within months of its completion, a substantial part of this facility was completely destroyed. When projects of this magnitude are derailed through no fault of Government, the impact on our fragile economy is enormous. This is just one example of how small States are vulnerable to external factors.

Our Government would like to see a change in the tendency of international financial institutions, including the Bretton Wood institutions, to graduate countries from one socio-economic classification to another based solely on economic indicators. Macroeconomic data cannot be considered in isolation, while the destructive impact of external forces on the true socio-economic profile of small island States, such as those comprising the Organization of Eastern Caribbean States (OECS), is ignored.

In regard to the critical issues identified in the ICPD Programme of Action, women and health issues factor quite heavily on our political agenda. We have a relatively young population, 52 per cent of which is under the age of 25. Moreover, 34.3 per cent are under the age of 15 and, like countries large and small, industrialized and non-industrialized, we are grappling with the challenge of teenage pregnancy. My Government has developed a policy that ensures the right of teen mothers to continue their education.

Gender equity is a problem for many countries. In implementation of a fundamental principle of the Programme of Action emanating from the Cairo Conference, the Government of Saint Kitts and Nevis is committed to improving the situation of women, especially those living in poverty. The Government has established a Ministry of Women's Affairs, which is responsible for handling issues such as domestic violence, the exercise of reproductive and sexual rights and the provision of appropriate health services. We have also introduced national programmes to strengthen the position of women in our society. In our country, we stress that men, too, have a responsibility to ensure that they overcome the stereotyping that leads to gender inequality, and this can be achieved only if there is a change in their mentality.

Developing countries have more than 80 per cent of the world's population. Population growth is occurring rapidly in these countries, even though there is already much strain on land use. However, as the Cairo Conference of five years ago pointed out, the prospect of continued growth rates causes much concern not only to developing countries, but to countries overall.

Of serious concern is the availability not only of food, but also of water suitable for consumption. Some countries are already experiencing a serious decline in their water reserves. The tragedy of people drinking water contaminated by pesticides and other toxic chemicals highlights and contributes to growing water insecurity.

My country enjoys the unusual situation of a declining population, while most countries face constant increases. This decline in population is caused not only by the reduction of the birth rate, but by migration, as many of our educated and trained nationals leave to go abroad. Therefore, we lose many of our trained personnel to developed countries, which, as a result, forces us on a high-cost path of training and retraining nationals — the transfer of skills and technology in reverse.

The empowerment of people forms an intrinsic part of our Government's policy. We want our people to feel that they are contributing and can contribute to society. Since the Cairo Conference, our Government has

expanded the number of secondary schools in our nation by 40 per cent and we also provide fully equipped computer labs in secondary schools. We not only guarantee primary and secondary education to all children, but also provide scholarships for a large percentage of high school graduates to advance their education.

On assuming office in 1995, our Government made a pledge to offer starter homes to lower-income families. I am proud to report that, within four years, we have built 800 homes for lower-income families.

Our Government takes the empowerment of youth very seriously. Our Government worked with the private sector to arrange a work-training programme that provided jobs for some 2,094 youths. Finding opportunities for so many youths to participate in this programme was a challenging task and the success achieved was outstanding, as many of these youths were absorbed into the permanent workforce of the Federation. This programme formed a strong foundation on which to build future projects of this kind.

I wish now to address the plight of the farmers in the Windward Islands and the negative impact that it imposes on their Government's ability to fulfil the agreements made in Cairo. We are currently witnessing the tremendous weight placed on their shoulders by the recent ruling of the World Trade Organization (WTO) on preferential access to the European market for their bananas. No empowerment can be sustained when people lack a stable income. All talks of empowerment ring hollow when small States such as Dominica, Grenada, Saint Lucia and Saint Vincent and the Grenadines are forced into a completely untenable situation. The recent WTO decisions run contrary to development and threaten the livelihood of, in some cases, over 85 per cent of our populations. This is unbearable.

The struggle to maintain the Caribbean's preferential access to a minute segment of the European market continues. The ongoing negotiations between the United States and the European Union must not sacrifice or destabilize the Caribbean region. We cannot talk about development on the one hand and make decisions that create economic insecurity on the other. My Government urges a just, quick and mutually beneficial outcome of the negotiations over bananas.

In conclusion, we have been able to achieve much over the five years since Cairo, but our progress is limited by economic constraints and natural disasters. However, with fair trade practices and assistance from international financial institutions, we could have achieved much more. We cherish the principles of democracy, which are reflected in our free and just society. We welcome continued collaboration with international organizations and friendly nations so that we may continue to promote economic and social development for all of our people.

The President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Željko Reiner, Minister of Health of Croatia.

Mr. Reiner (Croatia): My delegation would like to extend its sincere congratulations to you, Mr. President, and to the other representatives elected to the Bureau.

The various recent meetings on population, such as The Hague Forum and the thirty-second meeting of the Commission on Population and Development, have paved the way to this twenty-first special session of the General Assembly. Back in 1994, the International Conference on Population and Development (ICPD) first redefined the concept of population, putting it in direct relation to development, especially sustainable development. The Conference reaffirmed the importance of universally recognized human rights and reproductive rights. Thus, five years later, we are summoned here to reaffirm the ICPD mandate and to examine the progress in its implementation.

Much remains to be done, and progress has sometimes been limited by new challenges, such as the AIDS epidemic, the Asian economic crisis and its global impact, political instability and wars. The imbalance between demographic rates and social, economic and environmental goals points to a very diversified demographic picture of the countries around the world.

Nevertheless, we are living at a time of unprecedented demographic developments, when transition from high to low rates of fertility and mortality is a reality, as developed countries as well as countries in transition are dealing with the trend towards lower fertility and mortality rates due to improved health care and longer life expectancy. The influence these factors have on development is immense, while the interdependency between the economic and social spheres, as well as between health and the environment, has become crucial.

The partnership of Governments, non-governmental organizations and other groups in civil society plays an important role in the ICPD implementation process.

Furthermore, at a time when the economic and demographic situation is a global issue, it is important to strengthen international cooperation in this inevitable process of globalization and to exchange ideas and know-how, in the spirit of consensus-building, in order to reach the ultimate goal of improving the quality of life of present and future generations set by the ICPD.

As a country with an economy in transition, Croatia confronts all of the issues I have mentioned, although with its own specific mix. Croatia belongs to the group of countries which are concerned about their low rate of population growth and its consequences for long-term human and socio-economic development. At the Cairo Conference, Croatia reported negative population growth: minus 0.2 per 1,000. Since then, the natural population growth has been gradually stabilizing and becoming positive, although it is very low: in 1997 it was 0.8 per 1,000.

The present demographic situation is the result of a steady decline in fertility, a low natural increase and a negative migration balance. It is also a consequence of two world wars and, especially, of the recent war of aggression imposed against my country in the 1990s.

In terms of spatial distribution, urban agglomeration presents another significant problem in the country. Entire regions have been affected by depopulation, a development whereby population is concentrated in and around a small number of urban centres. Also, Croatia's islands are faced with negative demographic indicators. In 1997, therefore, the National Island Development Programme was introduced as a means of abolishing distinctions in spatial demographic development and achieving well-balanced regional development.

It has to be noted that the aggression against Croatia in the early 1990s caused a natural decrease in the population and direct loss of human life and created a great number of displaced persons and refugees. Precise population figures will be available after the 2001 census. In the meantime, international financial assistance has been sporadic and at low levels. It is mainly through the efforts and investments of the Croatian Government that these problems have been addressed, while international assistance has, so far, remained very limited.

In order to avert these and other negative trends, in 1996 the Government adopted the National Demographic Development Programme, which envisages a series of measures for fertility, rehabilitation and social assistance in line with the Cairo document. I would like to inform the Assembly that, just yesterday, the Croatian parliament adopted a new law on State financial support for children. Balanced population growth and an integrated social approach is a priority for the overall development of the country.

The reform of the health-care system in Croatia is under way, with the goal being to decrease costs by reorganizing the system, although not at the expense of health-care users. Reproductive health care is accessible through the primary health-care system in Croatia. Among the priorities are reducing the prenatal mortality rate, diagnosis of risky pregnancies and the promotion of breastfeeding. Special attention is being given to women's health care related to pregnancy, delivery and post-natal care. In 1996, Croatia recorded its lowest maternal mortality rate: 1.86 per 100,000 live births. In 1997, the prenatal mortality rate per 1,000 live births was 5.78. The lowest infant mortality rate was recorded in 1996, at 8.0 per 1,000 live births, whereas in 1998 it was 8.23 per 1,000 live births.

In spite of all of the difficulties caused by war and the process of transition in Croatia, statistical health indicators remain favourable. Various activities are under way, within the framework of the national plan of action, with the goal of improving the overall health situation. The plan is based upon the World Health Organization strategy of health for all.

Given the complexity of the factors that affect trends and patterns of fertility, mortality and migration, the delegation of Croatia submitted a national report on these issues at the regional population meeting organized in December 1998 in Budapest. The report has been published on the Internet and is included in the materials which my delegation has distributed.

Croatia is one of the countries which has experienced an increase in the number of aged persons in its population. According to the 1991 census, the share of the population over the age of 65 was 13.1 per cent. This year, which was declared by the General Assembly as the International Year of Older Persons, the Government has established a national committee and adopted a programme of activities to improve the social care of the elderly so as to address the issues of their quality of life. Great effort has also been invested recently to reform pension funds and the health and social welfare system in Croatia at the legislative and implementation level.

With regard to general equality issues, the Croatian Government has established the National Commission for Equality. The national policy on equality, adopted in 1997, provides for specific measures for achieving particular goals in the areas of political decision-making, the economic position of women, health care, education, the human rights of women and violence against women in times of war and peace.

Adequate financial resources are necessary to achieve the goals and objectives of the Programme of Action at the national as well as the international level. Leadership and commitment with regard to programme implementation are crucial to achieve this. We strongly believe that the key actions for the future, which we are going to adopt today at the end of the twenty-first special session of the General Assembly, will give new impetus to worldwide efforts to implement the goals and objectives of the ICPD Programme of Action in the pursuit of balanced population growth and sustainable development.

The President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Bernard Kouchner, Minister of Health of France.

Mr. Kouchner (France) (*spoke in French*): Allow me, on behalf of the French Government, to thank the Secretary-General of the United Nations, Mr. Kofi Annan, and the Executive Director of the United Nations Population Fund (UNFPA), Mrs. Nafis Sadik, as well as the Director of the Population Division of the Department of Economic and Social Affairs, Mr. Joseph Chamie, for their excellent preparations for this twenty-first special session of the General Assembly. Our thanks also go to Ambassador Chowdhury, who presided over the work of the preparatory committee, guiding it to a successful conclusion.

I should like to set my statement in the context of hope, and also of clear-sightedness. Such hope is based on the recent resumption of the flow of official development assistance which, after some dark years, seems to be making progress once again. France remains one of the main contributors of official development assistance.

Such hope has also been reinforced by recent debt-relief measures. The Assembly knows that France actively supports the appeals of the Secretary-General for debt relief for the most heavily indebted poor countries. Furthermore, we became involved in this area very early on, and we have been responsible for more than half of the bilateral write-offs effected by developed countries in recent years. France, which was one of the countries that instigated this initiative, will do its part in the new undertaking announced by the heads of State or Government at the recent Group of 7 summit in Cologne.

That policy should enable developing countries to finance programmes that will modernize their economies, sustain their growth and preserve or restore a broad equilibrium, mainly in the area of demographics.

There were 2 billion people in the 1930s; there are 6 billion now. How many will there be tomorrow? We must think about not only how to control this growth but also how to enable so many people to live well together. Let us not forget that behind those numbers, whose tremendous size can make them seem impersonal, are as many human realities, as many individuals.

France is very optimistic about the dynamic international process initiated by the Cairo Conference five years ago. Here clear-sightedness will be key, because for our hopes to be realized we will have to collectively face those major challenges.

The first challenge is food. How can we meet this basic need for billions of people whose number is increasing every day while controlling the consequences of scientific progress in the farm-produce area? We must guarantee food security, that is, we must be able to ensure that every individual has enough food while working to reduce the risks linked to the food supply.

I should like to emphasize here that respect for the rights of the human person and of fundamental freedoms should be the guiding principle of any population policy. With those rights in mind, let me state here that particular importance must be accorded to gender equity.

We all know that controlling demographic growth is a determining factor in sustainable development. But controlling fertility and reproduction is impossible if equal rights for men and women are not acknowledged or respected.

Since the Cairo and Beijing Conferences, among others, the international community has shared the belief that freedom for women and the promotion of their civil, social, economic and health status is a prerequisite for sustainable development.

That imperative carries with it certain specific requirements. As concerns education, France would like

a significant effort to be undertaken to give girls equal access to schooling. As regards health, France is prepared to participate in any programme aimed at helping Governments to put an end to the intolerable sexual mutilations inflicted on women and girls. France would like also to see all women obtain full access to health care.

But how can we talk of development and population without mentioning AIDS, when we know that in certain maternity wards almost 50 per cent of women are HIV positive? In the countries most affected, life expectancy has decreased to what it was in the 1960s. Thirty years of work, 30 years of development wasted.

Have we truly understood what is at stake? If we do nothing, the situation can only deteriorate. We, the developing and developed countries, must work collectively in this respect. We must redouble our efforts at prevention, including through the use of health and sex education programmes aimed at adolescent boys and girls. A study done by the Joint United Nations Programme on HIV/AIDS indicated very clearly that sexual education does not lead to early sexual activity but rather safeguards life.

But we cannot stop at prevention, though it is an absolute priority. To be effective in the long term, we must also take responsibility and provide care. This is both an ethical necessity and a guarantee of efficiency. It is not acceptable that the ill should fall into two categories: those from rich countries and those from the poorer countries.

This is the idea underlying the France's initiative for a health solidarity programme that gives priority to consistent programmes of prevention and responsibility-taking for women and children, the first of which was initiated in Côte d'Ivoire a few weeks ago, to be followed this year by additional ones in Africa and Asia. As I said earlier, we can no longer accept a situation in which sick people are in the South and treatments are available only in the North.

These are a few elements that France would like to add to the statement made by the German presidency of the European Union, a statement with which our country fully associates ourselves.

The President (*spoke in Spanish*): I give the floor to Her Excellency Mrs. Sarah Flood-Beaubrun, Minister of Health, Family Affairs, Human Services and Gender Affairs of Saint Lucia.

Mrs. Flood-Beaubrun (Saint Lucia): Saint Lucia joined the rest of the international community in Cairo in 1994 to adopt the historic Programme of Action and also participated in The Hague Forum and the preparatory meetings to this special session.

We are a small island of approximately 238 square miles with a population of approximately 145,000 persons. Our Government is relatively young, but in many concrete ways it has demonstrated and reaffirmed our commitment to Cairo. The portfolios of my Ministry — Health, Human Services, Family Affairs and Gender relations — were created and combined not by accident but by design. That is because we recognized then, as we do now, that a natural nexus exists between issues of gender, health — including reproductive health — family life and planning, older persons, the poor, and human services in general.

Like other Caribbean countries, Saint Lucia is faced with economic and social challenges which we must surmount with the limited financial and technical resources at our disposal if we are to improve the quality of life of our people.

My colleagues from the region who spoke before me alluded to the vulnerability of our islands to natural disasters and unfriendly external economic environments. In 1994, and prior to Cairo, like many other Caribbean countries we were faced with a very high level of teen-age pregnancy, poverty — especially among women — under-representation of women in decision-making, violence against women, and so on.

A high prevalence of teen-age pregnancy has long been a feature of Saint Lucian society. In 1996, a comparative review of adolescent fertility among the islands of the region revealed that Saint Lucia's rate was 50 per cent higher than that of our neighbouring island Barbados, for example, and more than twice that of the United States, whose rate was highest among that of industrialized countries for that period.

Cairo gave us a new impetus, a firmer resolve to seek and find solutions to the problem. The job ahead of us was a tough one with no easy solutions, one which required a multifaceted approach. Among our programmes to tackle these problems are: incorporating topics on reproductive health in the health and family life education curriculum beginning at the primary-school level; expanding sexual and reproductive health services to include counselling on human sexuality, responsible

parenthood, effective prevention of sexually transmitted diseases (STDs) and HIV/AIDS, and the promotion, supply and distribution of high-quality condoms; a policy on continuing education for all teen-age mothers; increased opportunity for vocational skills training; and programmes specifically designed for teen-age mothers for the time being at least one of our general hospitals.

Attempts to deal with the problem have met with some success. There has been a steady decline in the rate of teen-age pregnancies from that period until now. Today, five years after Cairo, and on the threshold of the new millennium, teen-age pregnancy is still too high. It was recently described as one of the leading social and public health problems facing Saint Lucia. Approximately 25 per cent of our population lives below the poverty line, and women are more affected than men. Overall unemployment among the poor is also higher among women.

At the primary- and secondary-school level, although girls continue to outdo boys in performance standards, we are faced with the problem of "drop-outs", particularly by girls who become pregnant while at school, or girls who do not move on to tertiary education because of an unplanned pregnancy. For the most part they remain unskilled and are forced to take low-paid jobs or remain unemployed and dependent on a male partner and are caught up in the vicious circle of poverty.

A poverty reduction fund recently launched by the Government has been quite successful in addressing poverty, particularly in rural communities. Projects that have been undertaken include the provision of water and sanitation facilities and employment and income-generating projects. A social investment fund has also been created to tackle poverty, particularly among young persons in deprived communities. It is expected that this will impact directly on unemployment among women and youth.

In 1995, the Domestic Violence Summary Proceedings Act was enacted, making not just physical but also emotional and verbal abuse in the domestic setting a criminal offence. Hitherto victims, most of whom are women, relied on the general provisions of our criminal law. Two crisis centres were formed — one in the north of the island and the other in the south — to work hand in hand with other women's organizations, the police, the courts and other Government agencies to fight domestic violence. A temporary shelter for women escaping violence is being purchased and will soon be opened.

Today, for the first time in our history, Saint Lucia has a female head of State. Two young women have also been elected to Parliament. They are both ministers of the Government. Both prior to and after 1974, only one woman had ever been elected to Parliament. Ours is a significant achievement, as we believe that the most sincere demonstration of our commitment to women's rights in all aspects and forms is to ensure women's full representative participation in decision-making at all levels, particularly the highest.

Increasingly, pursuant to our efforts at gender mainstreaming, women are more significantly represented on statutory and other decision-making bodies. We have been able to maintain universal access to primary education and to reduce the unmet demand for secondary education by increasing access from 54 to 60 per cent in the last five years. Our goal is to guarantee secondary education for all. Steps are being taken to address the unacceptable rate of illiteracy among the adult population.

At the primary, secondary and tertiary levels girls continue to outstrip boys both as regards numbers enrolled and performance standards. Our task, while addressing the issue of male marginalization — which is increasingly becoming a feature of our Caribbean societies — is to ensure that the progress of our women in the educational sphere is reflected in the political and socio-economic environment. For this reason, and in order to achieve the correct balance, we have engaged in a process of gender mainstreaming in all our sectors.

Among other things, the main constraint we face in accelerating progress on all fronts is the lack of critical financial and physical resources and institutional capacity. At the same time certain trends and developments are posing serious challenges to us. At the national level these include increasing incidents of HIV/AIDS, family disintegration, high teen-age fertility, disenchantment among youth, a youthful population and an ageing population.

The external circumstances that also impose challenges include the prospect of low prices for bananas, dwindling development assistance in the form of grants from traditional donors, stringent conditions on multilateral loan funding and increasing competition on the international market as a result of the trends towards globalization in all its aspects.

Saint Lucia is taking steps to address these challenges. We will soon encourage the testing of all

pregnant mothers for HIV and will make azidotimidine (AZT) available where needed.

While we continue to expand tourism — our main income-generating sector — efforts are being made to diversify our agriculture-based economy to take on board financial and information services. A social reform commission will advise on further reforms to improve the status of women and children and to address growing concerns regarding male youths, the family, older persons and other socially marginalized groups in society.

Saint Lucia remains committed to pursuing and achieving the goals of the International Conference on Population and Development Programme of Action. We are at a threshold in our development. Certain trends at both the national and international levels are threatening to wipe out the gains that we have made. Saint Lucia would like to see, as an outcome of this special session, the expeditious transfer of communication technologies, more information-sharing, allocation of financial and other resources to address high teenage fertility and greater promotion of horizontal cooperation among developing countries.

As we enter the new millennium, we hope that the international community will confront development changes in a pragmatic way. As a developing country, Saint Lucia will continue to play its part in this global transformation, which seeks to improve the lives of all of us and all our peoples.

The President (*spoke in Spanish*): I now give the floor to the Junior Minister, Office of the Prime Minister, responsible for the Advancement of Women, Family Welfare and Social Affairs of Djibouti, Her Excellency Mrs. Hawa Ahmed Youssouf.

Mrs. Youssouf (Djibouti) (*spoke in French*): At Cairo we made the well-being of humanity the focal point of our strategy rather than, as per usual, establishing purely statistical objectives. A new strategy, which emphasizes the tangible link between the population and development, was adopted. Moreover, the financial requirements for attaining these objectives were clearly pinpointed, as regards both national contributions and those of the international community, as well as, in particular, the contributions of the wealthy countries. Last but not least, the Programme of Action, which was adopted by consensus, in making the well-being of humanity at the focal point of all activities, stressed health, education, family and the integration of women into the development process.

It is by keeping these commitments in mind that the Government of Djibouti, on behalf of which I am addressing this Assembly, has established national strategies and programmes which, with the Assembly's permission, I would like to share with the representatives present here.

In the area of strategy and policy, in 1995 the Government elaborated a national policy to support families. The goal of this policy was to make available and accessible quality services for the improvement of the health and well-being of the Djibouti families. This programme has only been partially implemented, but it has allowed for the establishment of a considerable network of health and family-planning centres. Moreover, numerous vaccination campaigns focused on the disadvantaged groups have been carried out simultaneously with a programme to combat AIDS and sexually transmitted diseases. With the assistance of the United Nations Population Fund, the Government has also drawn up our country's first comprehensive population programme.

All these actions demand an awareness of the population problems in our country. They have resulted in a considerable drop in infant, juvenile and maternal mortality rates, as well as greater knowledge of the extent of the country's AIDS problem. The result would certainly have been better if — on account of the never-ending conflicts in our subregion — more than 20 per cent of our population did not consist of refugees, who greatly burden our already fragile economic and health situation.

As to the nature and development of women, the President of the Republic, His Excellency Mr. Ismail Omar Guelleh, in organizing his administration immediately after his recent election, created for the first time a ministry responsible for the advancement of women, family well-being and social affairs. This ministry is responsible to the Prime Minister's office. This ministry, which I was responsible for organizing, will draw up, in November 1999, a national strategy for the integration of the women of Djibouti into the development process, as well as a plan of action for the implementation of this strategy. By September of this year we will also finalize the draft Family Code, which is intended to promote the family and the definition of the rights and responsibilities of spouses and children.

The new Djibouti Criminal Code has integrated provisions relating to domestic violence, genital and

sexual mutilation and rape, which are now treated as crimes.

Finally, in order to improve the socio-economic situation, the Government has launched microcredit programmes, designed primarily for women.

With respect to the role of civil society, the Government of the Republic of Djibouti accords particular attention to and increasingly encourages community and associative activity, and always involves national non-governmental organizations in its meetings and projects. Moreover, the national non-governmental organizations are playing an increasingly important role in the implementation of the Programme of Action.

Nevertheless, any assessment of the Programme's first years must take note of certain obstacles. These are basically attributable to a lack of basic demographic data, making the preparation to and follow-up and appraisal of the Programme difficult; a sociocultural environment that does not encourage people to engage in new practices; and insufficient resources.

To obviate these problems, the Government intends to establish an institutional mechanism adapted to the population programme and to undertake a census. The Government also intends to draft a national information, education and communication programme on population.

All of these programmes, however, require substantial resources that are generally beyond our means and those of the African countries, particularly in this era of crises and structural adjustment programmes. In this regard, we call on the United Nations system, the Bretton Woods institutions and our other development partners to help our efforts with increased assistance targeted to the specific conditions and needs of each country.

The President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Jiří Rusnok, Deputy Minister of Labour and Social Affairs of the Czech Republic.

Mr. Rusnok (Czech Republic): The Czech Republic aligns itself with the statement made on Wednesday on behalf of the European Union (EU) and we fully support the main thrusts of the European position at this special session. This allows me to confine my brief remarks now to country-specific information. More can be found in the Czech National Report on the implementation of the Cairo Programme of Action, the English version of which has been made available to delegates this morning.

Since 1990, the Czech Republic has undergone and is still undergoing many structural changes. These changes are connected to transforming the political system, as well as to introducing a socially and environmentally sensitive market economy. Despite the difficulties accompanying the transition, the Czech Republic now ranks among countries with deep respect for the basic human, social and cultural rights of all citizens. This respect is reflected not only in the rule of law, but above all in the real life of citizens. Total expenditures on social protection, including health care, and on education in the Czech Republic represent nearly 30 per cent of its gross domestic product.

In the Czech Republic, gender equity is regarded as a natural and basic principle. Equal rights for men and women are guaranteed by the Constitution and are also reflected in the gender-neutral wording of all legal acts. In addition, the equal status and high economic activity of women are attributable to equal education opportunities, provided free of charge by all types of state schools, including universities. As a result, the average level of education of women is higher than that of men.

Supporting families with children is a long-standing tradition in the Czech Republic and is based on social laws, family law and labour law, which take into account the needs of mothers and fathers caring for small children. Parents caring for children with disabilities have additional support.

In the 1990s, the demographic picture of the Czech Republic has markedly changed. As a result of the long-term gradual ageing of the population and of changing demographic behaviour, the country started to lose its population by natural change from 1994 onwards. At the same time, the average life expectancy has been increasing significantly. Between 1990 and 1997, the average life expectancy has increased by nearly 4 years for men and by nearly 3 years for women.

The generally accepted explanation of the decrease in the birth rate is, in particular, the postponement of first marriages and childbearing to a later age and the widespread use of contraception in recent years. However, there are also the well-known social changes, such as the higher level of education and employment of women, the individualization of life and a broader range of opportunities for young people. The current depopulation trend is likely to continue in the future.

One of the top priorities of the National Health Programme launched in 1992 is women's health care. Many of its projects focus on specific groups of women and their occupational health. A great deal of attention is paid to reproductive health, where projects seek to promote medical education, various consulting services, education in parenting and family planning, nutrition during pregnancy and breastfeeding, the prevention of breast tumours, contraceptive methods and the prevention of sexually transmittable diseases. Other medical/preventive programmes supported by the Ministry of Health are devoted, for example, to healthy lifestyle or the prevention of malignant tumours. The mass media and professional non-governmental institutions have become increasingly involved in these activities.

Prenatal and post-natal care focusing on babies and infants has a long-standing tradition in my country and is manifest in a continuously declining infant mortality rate, from 20.2 per 1,000 live births in 1970 to 5.9 in 1997, as well as in one of the lowest maternal mortality rates in the world. The campaign to promote and knowledge of the benefits of breastfeeding have been rapidly expanding and improving.

For the time being, the HIV/AIDS morbidity rate trend is not too alarming for the Czech Republic. National health authorities have adopted a medium-term plan of prevention of the disease. An inter-ministerial body, the National Commission for HIV/AIDS-Related Issues, and a network of counselling and testing points, working cost-free and anonymously, have been established. There are many free AIDS-counselling telephone numbers operated by non-governmental organizations. The Czech Republic cooperates with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and runs its own national programme.

In the 1990s, the Czech Republic has become a target country for labour immigration and refugees. In response, we are now developing capacities to guarantee immigrants and refugees the rights embedded in the relevant international agreements and standards. Generally, the European social model applied by the EU member States, among which the Czech Republic intends to rank in the near future, inspires us in shaping our system of social protection. The Czech Republic has already succeeded at many levels in harmonizing the transition to democracy and to the market economy with a sufficient level of social solidarity. The basic principle of government policy in this area is to ensure the equal opportunities of citizens.

In conclusion, let me again turn to the international arena and express my delegation's satisfaction with the results achieved in these most difficult negotiations. As this review exercise over the Cairo Programme of Action has shown, progress is rather slow, but it has no alternative. We are moving in the right direction and my delegation thanks all who have contributed in a constructive manner to the successful conclusion and outcome of our meeting.

The President (*spoke in Spanish*): I now call on His Excellency Mr. Luís Filipe Marques Amado, Secretary of State for Foreign Affairs and Development Cooperation of Portugal.

Mr. Marques Amado (Portugal): At the outset, let me congratulate you, Mr. President, on your election, and wish you every success.

My colleague from Germany, speaking on behalf of the European Union, has already expressed the main ideas with regard to this important event, which we fully endorse.

At this first review of progress made since the International Conference on Population and Development (ICPD), let me add a few references to our major national concerns in this field and to some of the measures that have been adopted in my country since Cairo.

My country attached the utmost importance to the Cairo Conference, both in its own right and as a part of a global strategy for the promotion of sustainable development, which takes into account the recognized linkages between population, environmental protection and economic and social development. We also deeply appreciated the fact that the ICPD focused its attention on a human rights-based approach to population issues.

Portugal, like other countries, is going through a population ageing process resulting from growing life expectancy and reduced fertility rates, which is bringing about great challenges. My Government fully associates itself with the world celebration of the International Year of the Elderly, having established a national commission aimed at putting into practice the principles and goals defined by the General Assembly within this context. The programme of that commission includes the promotion of a redefinition of national objectives with regard to ageing, the inclusion of ageing-related issues into national development programmes and the reinforcement of the

institutional capacity to deal with the problems of the elderly.

We believe the progress made in the field of health, which has allowed for greater life expectancy in many countries, should be complemented by social policies aimed at improving the quality of life of older persons. We will proceed with our efforts to increase the recognition of the dignity of older persons and of their role in society, promote generational solidarity and support family care.

Portugal has both an import emigrant community abroad and an increasing number of immigrants. This circumstance not only provides us with a deep understanding of migration issues but also gives us greater responsibilities with regard to their treatment. Portugal sustains a positive approach to the issue of migration, taking into account the contribution of migrants to their societies of both origin and destination.

We are committed to the full integration of migrants into Portuguese society and have implemented two legalization processes during recent years, under the control of a designated High Commissioner for Immigration Affairs. We are also committed to developing cooperation with countries of origin, but we believe that a constructive approach to international migration implies first and foremost the protection of the human rights and dignity of all migrants, irrespective of their legal status, including through the adoption and enforcement of legal instruments, both national and international.

Portugal attaches the utmost importance to the protection of women's rights and the empowerment of women, which we consider a matter of vital interest not only for women but for society as a whole. Following the last constitutional revision, the Portuguese constitution not only establishes that the direct participation of women and men in political life is fundamental for the consolidation of democracy but also that the law must promote equality in the exercise of civic and political rights and non-discrimination based on gender in access to political office.

We would also like to highlight the establishment of specific bodies such as the Parliamentary Commission for Parity, Equal Opportunities and the Family and the post of High Commissioner for Equality and Family.

A global plan for equal opportunities was adopted last year, focusing on areas such as violence, work and employment, reconciliation of work and family responsibilities, social protection of the family and maternity, health, education, science and culture.

We believe it is essential to continue the worldwide efforts to enable all persons to make free and informed choices about their reproductive life by increasing access to the information and support needed. The national health strategy plan for 1998-2002 addresses in a comprehensive way the issues at stake when dealing with reproductive health.

A new document, reformulating the guidelines for family planning, maternal health and information and education on sexuality and reproduction for adolescents was recently published. We believe it will have a positive effect in the long term.

Responding to the needs of the population is primarily a national responsibility. It is essential that countries develop their own population programmes according to the specific needs of their peoples as part of the global effort to increase national investment in social development. Respect for human rights, peace, democracy and the rule of law, good and accountable governance and the participation of civil society, are elements that must be present and considered in promoting an enabling environment in this context.

Having said that, we must also recognize that developing countries, especially the least developed among them, may require international cooperation to complement their efforts to improve the quality of life of their people.

We are fully aware of our responsibilities in this domain and are committed to reforming our cooperation policy, adjusting it to the framework of principles and objectives as spelled out in the Development Assistance Committee (DAC) strategy, entitled "Shaping the 21st Century: The Contribution of Development Cooperation". In that way we will contribute to the better coordination of donor States and organizations, which is necessary if we are to achieve the proposed main goal of reducing poverty by half by the year 2015. Without a better coordination system involving United Nations institutions, the World Bank, the International Monetary Fund, the European Union and the major State donors, all the efforts of the international community to develop sustainable policies will be jeopardized.

The world population will soon reach the historic figure of 6 billion. While paying a fair tribute to the

enormous amount of progress made in the field of health, we believe that this fact will bring about great challenges for the next century in the search for a better life for all peoples in all countries. The greatest of those challenges will be the eradication of poverty, which afflicts two thirds of the world's population, in spite of all efforts undertaken by the international community.

The pace of growth of the world population in the next century will depend greatly on our commitment to many of the goals of the Cairo Programme of Action. It is our responsibility to ensure that this growth is commensurate with the earth's resources, while at the same time allowing for a healthy, productive and dignified life for all.

This was the spirit which oriented our participation in the process of review and appraisal of the implementation of the ICPD Programme of Action that culminates in this session. It is also the reason for our full commitment to the implementation of the key future actions we have just approved.

The President (*spoke in Spanish*): I now call on His Excellency Mr. Frank Loy, Under-Secretary of State for Global Affairs of the United States of America.

Mr. Loy (United States of America): Cairo was a turning point. It changed both the way we think about population programmes and the way we put them to work. An unprecedented 179 nations joined the consensus. The ground-breaking Programme of Action recognized that if we are going to stabilize global population, reduce poverty and promote sustainable development, we must address children's health, women's health and women's rights, including their reproductive rights, and gender equity and equality. Only then can we ensure a better quality of life for all.

And just as Governments and non-governmental organizations from around the world together forged the Cairo consensus, so have they since then collaborated in putting the recommendations into place.

Five years later, in short, as we review the progress made, it is clear that Cairo is working. Here in the United States, Cairo has helped the way we shape domestic and foreign programmes and policies, and we are seeing a difference.

Domestically, we have increased Government funding for United States family planning and other reproductive health services, and we have since witnessed a 12 per cent decline in teen pregnancies and a similar reduction in recourse to abortion. Other innovative programmes are working to stop domestic violence and to build girls' self-esteem.

Overseas, since Cairo, the United States, through the United States Agency for International Development (USAID), has spent more than $5.5 billion dollars on bilateral health and population programmes and on women's empowerment programmes. This assistance supports programmes and services in more than 100 countries throughout the developing world.

Accomplishments include: increased access to and improved quality of reproductive health services, including family planning, maternal health and HIV/AIDS programmes; new initiatives in girls' and women's education; and strengthened partnerships with non-governmental organizations to integrate reproductive health and women's empowerment activities into community development programmes.

The United States has also provided significant support to international organizations to achieve these aims. In addition, via the recent G-7 Cologne agreement, the United States will provide debt relief to help free funds for some developing nations that can use them to deliver expanded social services to their citizens. The United States private sector has increased its support as well. Since Cairo, United States foundations have more than tripled their assistance to population and related programmes — an outstanding increase.

As a result of all these efforts, millions of families are able to achieve their reproductive goals and have healthier children. More women are able to advance economically, socially and politically. Reduced population pressures permit countries to invest more resources in education, health, the environment and other areas that contribute to an improved quality of life.

Challenges remain, of course. The United States has identified priorities to ensure that the Cairo goals become a reality, both at home and abroad.

First, the United States is committed to ensuring gender equity and equality. A priority is to close the gender gap in education. Of the 960 million adults in the world who cannot read or write, two thirds are female. In addition, high priority will be given to initiatives that advance women's political participation, legal rights and

economic status, and prevent violence against women, including female genital mutilation, domestic violence and sex-trafficking.

The United States will also continue to work to expand access to, and quality of, family planning and other reproductive health services. Vital to this objective is ensuring that women and men have the widest possible choice of modern contraceptive methods available to them. We will also work to improve further the quality of care in reproductive health services and to strengthen the linkages between reproductive health and child survival programmes.

Further, the United States will continue to support safe motherhood initiatives and other community-based efforts to address such needs as prenatal care, maternal nutrition and training for midwives. At home, we will work to close the gap in maternal mortality rates between black and Caucasian women.

Internationally, complications from unsafe abortions are one of the leading causes of maternal mortality, resulting in 75,000 preventable deaths a year. The United States will work to ensure that where abortions are legal, they are safe and accessible, with an emphasis on scaling up promising post-abortion-care initiatives.

The United States will continue to help reduce HIV/AIDS rates by emphasizing preventive approaches that are focused on young people and other high-risk groups. Moreover, the United States will continue to support, design and implement development and health programmes — including sexual and reproductive health programmes — with and for youth that involve the active support of parents and other community members, including religious leaders, health officials, teachers, policy makers and the media.

The United States remains the largest bilateral donor of reproductive health assistance, but we are woefully aware that we have not met our financial commitments. I am happy to report that the Clinton Administration has proposed a $25 million contribution to the United Nations Population Fund (UNFPA) and a very substantial increase for USAID for fiscal year 2000, and we are optimistic that our Congress will grant these requests. We are also pushing hard for payment of United Nations arrears.

In our ongoing effort to mobilize resources, we will continue to work to strengthen the involvement and commitment of private businesses and foundations.

I truly believe that Cairo is doable. Essential to its implementation are partnerships — between family members, men and women, young people, the public and private sectors, and at the community, national and international levels. Indeed, our own successes would not have been possible without the involvement of non-governmental organizations, health professionals, policy makers, religious leaders, the media, businesses, foundations, other donors and other Governments.

An utmost priority for the United States is to continue building and strengthening these partnerships. Only then can we ensure that Cairo's promise becomes a reality. And let me take this opportunity to applaud the United Nations for involving non-governmental organizations and youth in these proceedings. The United States has a youth representative on our delegation, as well as several non-governmental organizations. And I understand that 10 other delegations have included youth representatives as well.

Most of all, we thank the United Nations for this historic opportunity for us all to reaffirm our nation's commitment to Cairo.

The President (*spoke in Spanish*): I give the floor to Her Excellency Mrs. Aksoltan Ataeva, Chairman of the delegation of Turkmenistan.

Mrs. Ataeva (Turkmenistan) (*spoke in Russian*): The 1994 Cairo Conference was held at a time when the world was experiencing great changes, when newly independent States were undertaking socio-economic reforms. The decisions elaborated at the Conference have formed the foundation of the national programme of Turkmenistan which takes into consideration the multifaceted problems of population development, conditions of various branches of the economy and the economy as a whole. The programme is based on achieving sustainable growth and realizing the economic potential of the country. It was aimed at improving economic growth, environmental protection and the health, education and cultural standards of the population.

The Statistical Bureau of Turkmenistan has been monitoring and evaluating the main indicators of the growth of the population. The Bureau has updated its statistical reporting formats and indicators in order to take into account international practice and national characteristics. The 1995 census of the Turkmenistan population has provided information on the demographic, economic, educational, geographic and migrational

characteristics of the population of the country and its regions. A special census of the unemployed population and an examination of available jobs provided the basis for the elaboration of a medium-term employment programme for the Turkmenistan population for the years 1998 to 2002.

The Government of Turkmenistan, led by President Saparmurat Niyazov, pays great attention to the issue of gender equality. Women comprise 50.4 per cent of the country's population, and this level has remained stable since 1995. In accordance with the constitution of Turkmenistan, women enjoy equal rights in the areas of education, professional training, career rewards and advancement, and in social, political and cultural activities. Transition to the market economy has had a positive impact on employment opportunities, including on women's involvement in private business and in joint ventures. In 1995 27.6 per cent of the people involved in small businesses in Turkmenistan were women; in 1997 this percentage had already risen to 32.6 per cent. The rates for female participation in medium-sized businesses were 18.3 per cent and 21.6 per cent respectively.

In order to strengthen women's roles at every level of public life, the Government, with the support of the United Nations Development Programme (UNDP), opened the Women's Bureau of Turkmenistan. This organization serves to improve the coordination and distribution of information on gender issues among government departments and institutions, international organizations and donors, and non-governmental organizations and the public. It also ensures women's participation in the developmental process of the country.

Turkmenistan education law guarantees education to all citizens without prejudice in regards to sex, ethnicity, social origin or economic status. Education is free of charge at all levels within the State system. Women's level of literacy almost equals men's.

Improving the health of the population is one of the highest priorities of the State programme of socio-economic development of independent Turkmenistan. According to a decree of the President of Turkmenistan, the State health programme was adopted in 1995. This programme aims at the reconstruction of the public health system, including its financing, preliminary medical service, hospital services, pharmaceutical services, human resources and medical research. These reforms will also address the reproductive health-care system, family planning, hygiene, training and proper nutrition.

During the last 10 years the birth rate has dropped from 4.1 to 3.4, and there has been a steady decline in the infant mortality rate. Maternal mortality rates have been declining as well. One characteristic of the Turkmenistan population is the brief interval between children — an average of 1.4 years.

In order to improve families' access to family-planning services and information, the reproductive health-care service was established. It aims at reducing maternal morbidity and maternal and child mortality by providing services to families to prevent unwanted pregnancies, control birth spacing and optimize the timing of births in relation to the age of the parents.

With the support of the United Nations Population Fund, 12 reproductive health-care centres were opened in different regions of the country, and 49 reproductive health units were opened in various districts. In cooperation with the United Nations Children's Fund, significant work has been done to immunize children, combat iron deficiency, prevent infectious diseases and provide oral rehydration therapy, as well as to return to exclusive breastfeeding as a major instrument in the reduction of perinatal and infant morbidity and mortality. The World Health Organization Regional Office for Europe and UNDP have assisted Turkmenistan in carrying out an analysis of its health sector. Turkmenistan greatly appreciates the help of these organizations.

The Government of Turkmenistan has been purposefully implementing its population and development policy in accordance with the decisions of the 1994 Cairo Conference. At the same time it faces some difficulties. There is the need for the establishment of a coordinating body for population issues. The country needs to improve its demographic statistics, and it needs adequate computer software for training specialists.

The Government of Turkmenistan has great confidence in the work of the United Nations and is ready to continue and strengthen its close cooperation with the international community in pursuing the final goals of the International Conference on Population and Development — the peaceful and healthy development of the present and of coming generations

The President (*spoke in Spanish*): I now call on the representative of the Libyan Arab Jamahiriya, Mr. Abdussalam Ibrahim.

Mr. Ibrahim (Libyan Arab Jamahiriya) (*spoke in Arabic*): I wish to express our thanks and gratitude to all those who contributed to the preparatory work for this meeting so that we can meet and study this vital and sensitive issue, and then together, in a spirit of partnership based on mutual respect, face the challenges hindering a balance between population and resources and find the best methods for dealing positively with the links between population and development. We do this with a sense of collective responsibility and because of the importance of improving the quality of life for our people and of preserving the right of future generations to live and to enjoy natural resources.

Population is one of the main components that shape the objectives of human society and determine the various levels of those objectives. While human life and welfare constitute the primary objective of all development plans and programmes, the human person is the most important instrument for achieving the goals of such plans and programmes. If the civilization experience of various peoples has proven the ability of the human race to make progress, this element, with its consumer power and its aspiration for better living standards and for the social services it needs — including health and education services — remains one of the main challenges which have faced human societies throughout the ages.

Some consider the population question and its dimensions from a one-sided perspective which holds that population, particularly its high growth rate, is the main obstacle to development. We can say for certain and with great confidence that this matter, necessary as it is to consider, does not outweigh development — although we recognize that a lower population growth rate in densely populated developing countries with relatively scarce resources may ameliorate the problems of underdevelopment. Birth control is often a result more than a reason, and we should not ignore the other aspects of the population question and their integration into the aims and objectives of development. These aspects include the growth rate, age distribution, geographical distribution of the population between rural and urban areas, educational status and gender. This will enable us to determine the best methods and policies that help achieve development.

In Libya, development is based on improving the quality of life through democratic institutions built on popular participation, the rule of law and full respect for human rights and fundamental freedoms, by increasing economic opportunities and aiming for equality and fairness between the sexes. The family is the nucleus of society on the basis of religion, ethics and nationalism. The State ensures the sufficiency of production and equity of distribution and the peaceful resolution of differences among groups to attain a society of plenty, inspired by our Muslim inheritance and its humanitarian values.

In order to attain these goals, we have opted for comprehensive family planning in order to guide the Libyan economy in the right direction. We accomplish this through mobilization of the country's resources and potentialities, whether natural, material or human, within an integrated programme guaranteeing the efficiency of our efforts to attain our objectives. The objectives of this programme have focused on bettering the standard of living, diversifying the structure of the national economy and the sources of revenue, on social equity, a balanced development, and the development and evolution of human resources.

To give an idea of our achievements in the field of population and development, I can cite a number of indicators that testify to the broad range of public services available to the people of Libya especially in the health and education areas. Life expectancy increased from 47 years in 1973 to 64 years in 1995. The infant mortality rate continued to drop rapidly throughout that period, from 65.4 per 1,000 in the 1970s to 24.4 per 1,000 in the 1990s. Infant mortality below the age of 5 also declined, from 87 per 1,000 in the 1970s to 30.1 in the 1990s. The number of cases of malnutrition and childhood anaemia fell in 1995 to 2.7 per cent. Inoculation significantly increased to 97 per cent in 1995. Surveys have shown that breastfeeding has become widespread, being practised by 91 per cent of mothers of newborns. The maternal mortality rate has fallen, 77 deaths per 100,000 births until 1995. The danger of maternal death is one in 172 cases. Births at hospital facilities rose in 1995 to 93 per cent, and follow-up during pregnancy rose to 76 per cent. Between 1970 and 1995, total infant mortality had dropped from 7.8 to 3.1 per 1,000. We have also seen a considerable decrease in the prevalence of contagious diseases.

School enrolment increased among girls from 63.2 per cent in 1984 to 73.2 per cent in 1995. Illiteracy among 10-year-olds has fallen from 50.9 per cent to 32.4 per cent in 1984, then to 19 per cent in 1995. As to females, there was a big drop in illiteracy from 72.7 per cent in 1973 to 27.2 per cent in 1995. The number of citizens over the age of 15 who are enrolled in the educational system has also risen significantly. The rate of primary school graduation has risen from 9.8 per cent

to 22.2 per cent. The number of those earning associate degrees has risen from 3.3 per cent to 21.3 per cent, while those earning baccalaureate degrees or equivalent rose from 2.5 per cent to 16.2 per cent. The number of Libyan families living in stable housing has reached 99.9 per cent due to the availability of public water, electricity and sanitation systems.

My country's social development programme is based primarily on human factors. We have been able to rise above the difficulties encountered by our society since the imposition of sanctions in 1992, which was a heavy burden that hindered the development process, through the development projects we undertook in the 1970s and 1980s. Demographic growth dropped to 3.4 per cent between 1964 and 1973 and to 2.8 per cent between 1984 and 1995. We practice voluntary birth control, which we feel should be left to the choice of parents. All family planning methods are permitted except abortion, which is allowed only in cases of danger to the mother's life. We support social planning to promote women's health. We try to alleviate the negative consequences of migration from rural to urban areas. We have examined every option with respect to rural population growth.

We wish to stress the recommendations of the Cairo Programme of Action by insisting on the importance of respect for the laws, ethics and religious values of all societies in full compliance with international human rights instruments.

The President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Abdallah Baali, Chairman of the delegation of Algeria.

Mr. Baali (Algeria) (*spoke in French*): At the outset, allow me to express my delegation's pleasure at seeing you, Sir, preside over this special session of the General Assembly devoted to population and development, and to reiterate our gratitude to Mrs. Nafis Sadik for her extraordinary work at the head of the United Nations Population Fund (UNFPA).

If, since the Bucharest Conference, any conference has truly marked a turning point in our approach to population problems, it was that held in Cairo five years ago. Indeed, that Conference represented the final rejection of our narrow-minded approach to demographic problems, which had been based exclusively on quantitative factors. By stressing for the first time the dialectic between population and development, the Conference strove to take into account a broad range of social and economic factors, hitherto ignored, that exercise a converging and often decisive influence on the dynamic of development. It thereby allowed the elaboration of a coherent and ambitious Programme of Action to enhance the integration of population and development policies in full respect of the rights of the individual, of social values and of national cultures.

The meetings of this session offer us today the opportunity to appraise together, without prejudice or complacency, the progress we have made since Cairo and to assess the challenges that remain. In this context, while important advances have been made, especially on demographic, health and educational issues — for which we should be pleased — we must also note that, in many sectors, we have been unable to attain the goals set, often because of the paucity of financial resources allocated to population programmes. A mere third of the funds promised at Cairo have actually been made available.

In Cairo, we made global commitments together. These commitments were above all political and depended on our common will to undertake collective measures to improve the well-being of our peoples. Indeed, our efforts should aim at reducing the disparities between the developing and the developed countries in every sphere, since everything in this world is interconnected. Poverty, financial flows, the debt problem, trade and environmental protection are, in effect, variations of the single and unique issue of development.

This leads me to make the following comments. First, underdevelopment, poverty and ignorance are the toughest battles that humankind has ever had to fight. Do not more people die today because of famine, epidemics and malnutrition than because of armed conflicts? It is by supporting the efforts of the developing countries to achieve their economic and social development goals, particularly in the key areas of education, health, food security and housing, that will allow us to reduce the rates of population growth, which remain very high in some countries. The fundamental link between population, sustained economic growth and sustainable development must therefore be acknowledged.

Furthermore, economic, social and demographic problems require concerted action between developing and developed countries. Despite the fact that it has slowed in many countries, the current rate of demographic growth will, in the coming decades, have a considerable impact on economic, social and even

political stability in numerous developing countries which are already enduring serious difficulties. This will require a collective response.

Likewise, the mass migratory movements resulting from armed conflicts, social upheaval and environmental constraints will require a global approach.

Finally, the international economic environment, which is unfavourable for a great many countries and is accentuated by the limitations of unbridled globalization, makes the burdens still heavier for those countries, and further reduces their room for manoeuvre with regard to funding for social programmes.

Despite all of these constraints, it can be said that the developing world has, to a large extent and to its credit, shouldered its domestic responsibilities in the areas with which we are concerned.

This brings me to the question of the mobilization, at international level, of the financial resources necessary for the full implementation of the recommendations of Cairo. The donor community, like the multilateral mechanisms, must not shirk its responsibilities but, on the contrary, must acknowledge the crucial importance of direct financial support for the efforts of developing countries, especially the least developed among them.

Since Cairo, Algeria's population policy has been part of a renewed and strengthened process centred on the improvement of access to health services and with priority being given to education, communication, family protection and the development of knowledge about population issues. The strengthening of the institutional plan for programme activities led to the setting up of mechanisms aimed in particular at establishing dialogue and concerted action for the development, follow-up and review of reproductive health and population activities. The population policy is being implemented within a multisectoral context, which naturally includes the private sector and civil society.

The development of demographic indicators confirms the trend, which started in the 1980s, towards a change in the rate of natural growth and fertility. For example, the population growth rate, which in 1994 was estimated at 2.2 per cent, is now 1.6 per cent, and the future fertility index is estimated at three children per woman, as compared with five at the end of the 1980s.

This rapid progress has been made possible thanks to the efforts made by the State in the fields of health and development. Health care for mothers and children is a major priority, and it will be implemented through the extension of prevention programmes, the promotion of safe motherhood and the strengthening of family planning based on voluntary participation and informed choice.

Decentralization is also the cornerstone of the organization of the health system, which is intended to take greater account of regional variations and reduce inequality in access to such care through the creation of health-care regions and the implementation of a relevant regulatory framework.

In my country young people still make up almost half of the population, and that considerable human potential takes up a large part of our investments. Within this context, school attendance has been improved, particularly for young girls: the attendance rate of children of 6 to 15 years of age is 83 per cent. Our youth policy aims in particular at strengthening the professional and social involvement of that segment of the population to take account of their health needs and to offer them a framework within which they can express themselves that is adapted to the requirements of rapid technological development.

The advancement of the condition of women, which occupies an important place among the social projects carried out by my country, has been achieved during the past five years by improving women's access the job market, as well as to decision-making positions and to elected assemblies. Many women have entered civil life, and today there are about 100 national and local associations working for the rights of women and the improvement of their standard of living.

Furthermore, the circumstances of the 1990s, which were characterized by the growth of pockets of poverty, have led to the consolidation of support mechanisms for the most disadvantaged groups, in particular through a social network and the reaffirmation of the principle of free health care, which is necessary for the achievement of the goal of health security.

Finally, a coherent and comprehensive population policy must take into account migratory movements, both domestic and international. In this context, we subscribe fully to measures to strengthen the integration of migrants and improve their access to basic social services, with full respect for the dignity and inherent rights of the human being.

What lessons should we draw from the past five years? The lessons are self-explanatory. Clearly, the developing countries need modern family planning services and guaranteed access to such services, and to the products that accompany them, at low cost. In this respect, the poor countries, especially those in Africa, clearly need to be given priority. Indeed, population growth rates in our continent of Africa are the highest, despite a downward trend observed in some countries, and the resultant problems are especially acute. The resurgence of old diseases that we believed had disappeared forever and the rapid spread of AIDS during the past ten years are, for our continent and for the entire international community, a source of growing concern.

At the same time, how can we not stress how urgent it is to take responsibility at a global level for the needs of the developing countries? Indeed, the international community is called upon effectively and resolutely to support the national efforts of these countries with regard to such issues, but it must also accompany those efforts with measures aimed at ensuring a better balance between their immediate needs, their aspirations for development and the improvement of the standards of living of their populations, which will require long-term global efforts that are more ambitious and sustained.

Let us have as a common objective, therefore, the essential goal of the well-being of women and men who, in the majority of our countries, live in situations of social destitution and distress from which they cannot escape, and let us work together to make the coming millennium one in which we restore the human being to full dignity.

The President (*spoke in Spanish*): I give the floor to His Excellency Mr. David Rubadiri, Chairman of the delegation of Malawi.

Mr. Rubadiri (Malawi): My delegation associates itself fully with the positions of the Southern African Development Community (SADC) and Africa. As such, my delegation's remarks will focus mainly on addressing population and development issues in Malawi, which are typical not only of most other sub-Saharan African countries but also of many other developing countries.

Malawi has accorded particular importance to population issues over the past few years, particularly since 1994, when the first democratically elected Government assumed office. We find it significant that coincidentally, while the Cairo Conference took place some months after Malawi's first democratic elections, this special session comes about within a month of our second democratic election.

Just as we did in Cairo, with the stamp of legitimacy that the second election has brought, my delegation is proud to confidently reaffirm Malawi's political commitment to pursuing all the noble objectives aimed at addressing our population and development concerns. The international community made great strides in Cairo, and we must not turn back.

Malawi adopted a comprehensive National Population Policy in March 1994. Although the policy preceded the International Conference on Population and Development (ICPD), it is consistent with the ICPD Programme of Action. Appropriate modifications were subsequently incorporated into an action plan for the implementation of the policy. The policy and the action plan for its implementation have formed the linchpin of Malawi's population programme.

The establishment of a formal capacity for population programme formulation, planning and implementation continues to provide an enabling environment for adhering to the ICPD Programme of Action. We have made all efforts to introduce changes recommended at the Cairo Conference. Our policies and plans have been aimed at promoting an integrated reproductive health culture, emphasizing gender concerns in development and enhancing advocacy efforts to ensure widespread support for the implementation of the National Population Policy.

Population issues now receive considerable emphasis in all major policy programme documents and have come to figure prominently in the Poverty Alleviation Programme, which started in 1994.

The implementation of the National Population Programme has, however, been constrained by a lack of trained personnel, a weak institutional framework and inadequate financial resources for the implementing institutions. To date, there are no adequate institutional structures for coordinating the implementation of population activities at the district and local levels. Malawi will soon hold local elections for District Assemblies, and we hope that this process will provide political leadership at local levels for effective multisectoral participation in the implementation of the National Population Policy. We remain optimistic that these constraints will be overcome. We are also hopeful

that inadequacies in relevant data will be remedied by the census we conducted last year.

Many achievements have been made in the area of reproductive health. Special emphasis has been given to the health of mother and child and to the reproductive health needs of adolescents. With regard to family planning, Malawi adopted in 1996 Family Planning Policy and Contraceptive Guidelines aimed at liberalizing family planning services to accommodate all individuals within the reproductive age groups needing such services. The new contraceptive guidelines removed limitations on the use of specific methods on the basis of criteria such as parity and age. The new Family Planning Policy also promotes new approaches for accessing and expanding family planning services, such as the community-based delivery of contraceptives and social marketing. A Safe Motherhood Plan of Action is being implemented. In addition, following the adoption of the National Youth Policy in 1996, a Youth Adolescent Programme for Reproductive Health has been put in place. During the next five years Malawi intends to accord increasing emphasis to adolescent reproductive health.

Advocacy activities and awareness campaigns already seem to have the desired impact. The contraceptive prevalence rate is currently estimated at almost 20 per cent. At the beginning of the decade, it was less than 7 per cent. It is an unfortunate reality that Malawi is one of the countries affected seriously by the HIV/AIDS pandemic. The fight against HIV/AIDS has been an uphill task, as, indeed, it will continue to be. One can love passionately but also carefully. The Government, however, remains committed to bringing the situation under control, and therefore youth programmes will be intensified.

At the same time, we are the first to acknowledge certain limitations. The concept of reproductive health is not well understood by most health workers. The Government will have a reproductive health policy ready before the end of the year. Financial and human resource limitations have culminated in limited accessibility to and availability of family planning services in the country.

Gender equality and equity have been recognized as the *sine qua non* for healthy reproductive decision-making. The Government is committed to the empowerment of women and the elimination of gender discrimination. In this regard, a number of actions have been undertaken to address gender issues. Legal reforms have been introduced to amend laws which allowed gender discriminatory practices. These include reforms to the Affiliation Act, the Marriage Act and the Wills and Inheritance Act. The Constitution also offers sufficient and superior guarantees.

Under the Constitution, women have the right to full and equal protection of the law and the right not to be discriminated against on the basis of gender or marital status. In an effort to institutionalize gender and development, Malawi has put in place the National Gender Machinery for the overall coordination of gender policy formulation and implementation and the mainstreaming of gender equality in all sectors and programmes. Malawi has drafted a National Gender Policy that sets forth guidelines for recognizing and addressing gender concerns and for mainstreaming gender equality in all development programmes.

With regard to education, a number of interventions are being implemented to protect the girl child. With the introduction of free primary education in 1994, girls' enrolment has risen by 50 per cent. In this connection, a policy change has been effected allowing girls who drop out of school due to pregnancy to be readmitted into school. A Girls' Attainment in Basic Literacy and Education (GABLE) social mobilization campaign on the importance of girls' education has been conducted nationwide since 1998. Population education is being incorporated in the formal school curriculum. In addition, gender balancing is being done so that books and materials portray balanced images of women and men, girls and boys in all aspects of life. To address some of the economic disparities between men and women, micro-finance institutions have been established to promote economic empowerment by providing credit facilities to women.

Despite these achievements, the implementation of gender and development programmes has been constrained by various institutional and structural problems, including a weak social-resource base and limited personnel trained in gender issues.

Malawi recognizes the potential contribution of non-governmental organizations and the private sector in the formulation and implementation of population policies and programmes. The non-governmental organizations have participated in the formulation of the national population policy. They are also involved in the implementation of the policy and of programmes in areas such as the provision of family planning and counselling, youth and adolescent reproductive health services and motivation training. The Government intends to come up

with a clear national strategy for harnessing the full potential of the non-governmental organizations and the private sector in this area.

As we conduct this ICPD review and appraisal, Malawi has a clear idea of what it has to do in the next five years. More importantly, there is a political will to address all manifestations of our population and development concerns. We sincerely appeal to all our cooperating partners to continue assisting us in the implementation of our programmes. To be meaningfully implemented, most of the programmes require substantial financial outlays. We are hopeful that today — after dotting the i's and crossing the t's, after long hours of arduous work — we will together send a strong political and moral message that we are ready to address resolutely all the population and development issues of our time, that we have, five years after Cairo, made the ICPD Programme of Action stronger.

The President (*spoke in Spanish*): I now give the floor to the representative of Thailand, Mr. Voravee Wirasamban.

Mr. Wirasamban (Thailand): I would like to take this opportunity to express my sincere appreciation and congratulations to the United Nations for arranging this special session on Cairo+5, which affords us an opportunity to renew our commitment to the issues of population and development. For those of us from developing and developed countries, and from non-governmental organizations as well as donor agencies throughout the world, this session provides a timely opportunity to follow up and reflect on the excellent start made five years ago in Cairo, and to do this with a forward-looking attitude. I do believe that we have thus far made positive steps towards the goal of global reproductive health.

Currently Thailand's population constitutes approximately 1 per cent of the world population. It is estimated that our population will continue to increase slightly at a rate of 1 per cent annually. The pattern of changes in our population structure will be similar to that of many other countries that have been successful in their family planning. There is a trend towards an increase in the proportion of the population that is elderly along with a decrease in the younger population. This so-called demographic bonus is not expected to last long, thanks to various precautionary measures now in place.

Thailand's current Constitution — passed by the parliament last year after an amendment process that took years — was drafted with the prime objective of promoting and protecting people much more than ever before. For the first time, the Constitution provides for greater educational opportunities for the Thai people, greater access to information and services and gender equality and equity. Regardless of ethnic background, we in Thailand will enjoy the fruit of this Constitution.

The current national five-year plan, for 1997 to 2001, also emphasizes environmental, population and developmental issues, with human beings at the centre of all development activities. The national development plan is consistent with the Programme of Action of the International Conference on Population and Development (ICPD). It will also tremendously benefit the agencies concerned with reaching the ICPD goal.

I take pride in saying that Thailand attaches high priority to reproductive health, which has taken a prominent place on our agenda. Many reproductive health programme initiatives have been launched at the grass-roots level. They cover as many components and as wide a scope as possible. In this connection we would like to register our deep appreciation for the support and contributions that the United Nations Population Fund has provided to the launching of such initiatives. Integral to these programmes is the issue of reproductive rights. The whole process has evolved gradually, from the advocacy work of policy makers to the formulation of the national reproductive health policy and to sensitizing government health personnel and communities to the importance of human beings as part and parcel of development programmes. Thailand has tried applying a good practice model to consolidate reproductive health services in primary and secondary health care, taking into account gender sensitivity. Sex education and adolescent health are also among the top priority areas. They are seen as key factors in solving the reproductive health problems of the present and of future generations.

Despite these efforts, we still face challenges. One of our major problems is the cross-border illegal migratory inflow. Many diseases that were eradicated or under control have reared their ugly heads once again along the border. This heavily taxes our meagre resources in terms of health facilities and expenses for the border provinces. Nevertheless, for humanitarian reasons the Thai Government cannot turn a blind eye on the plight of these people. Thailand has provided appropriate, necessary health services and relevant

support to these illegal migrant labourers, although we in Thailand have had to tighten our belts because of the economic hardship and the money for other national priorities has had to be wisely spent. We are deeply concerned that the reproductive health problem among illegal migrant workers may soon reach an uncontainable level and become an additional public health hazard. I would like to urge the international community to lend a helping hand in curbing this mounting problem.

Thailand attaches importance to the migration issue, and in particular to the problem of undocumented migrants. Thus we, together with the International Organization for Migration, held an international symposium on migration early this year in Bangkok. The symposium received support and was attended by many interested countries from various regions, as well as from the United Nations bodies concerned. The meeting proved to be very successful. The Bangkok declaration on irregular migration was adopted, paving the way and laying ground rules for further consultations aimed at a comprehensive solution to the irregular migratory problem.

I would also like to take this opportunity to join my fellow developing countries in renewing our efforts for South-South cooperation through sharing practical experience, skills and technical expertise in the field of population development and reproductive health. Our creation of the alliance of "Partners in Population and Development: a South-South Initiative" some four years ago offers us a means of leaping ahead by learning from each other's strengths and weaknesses and by working in partnership to effectively and successfully reduce maternal and infant mortality, improve adolescent reproductive health and prevent and control devastating diseases, notably HIV/AIDS and sexually transmitted diseases — as well as dealing with many other issues of reproductive rights, particularly for women and youth. We also wish to urge the international community and donors to continue to provide substantial support to South-South technical cooperation aimed at the attainment of the ICPD Programme of Action for these countries.

In closing, I am privileged to say that the various actions in line with the ICPD Programme of Action in Thailand have gradually been transformed from being highly programme-based and agency-oriented into a more participatory and decentralized approach. Technical advancement, in tandem with management improvement, has also significantly contributed to the progress of reproductive health care, such as in quality of care and HIV/AIDS prevention.

However, resource mobilization for population and development still calls for greater attention. In the next five years, more stakeholders or partners will have to march with the people on the high road towards a healthy reproductive life, which can be measured by the outcome and impact indicators derived from standardized monitoring and evaluation system. By the year 2014, we will attain the goal of all Thais, both men and women, enjoying a good and more equitable reproductive life. We also hope that this ICPD+5 will add impetus to our forward move in implementing the Programme of Action for our common good.

The President (*spoke in Spanish*): I now give the floor to Mr. Hasan Abu Libdeh, observer of Palestine.

Mr. Abu Libdeh (Palestine) (*spoke in Arabic*): It gives me great pleasure, on behalf of my delegation, to address the General Assembly at this important twenty-first special session devoted to the overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development (ICPD) and to renew our commitment to exerting greater efforts towards achieving the goals and objectives of the ICPD. These objectives include economic development, poverty eradication, sustainable population growth, universal access to comprehensive reproductive health services, reduction in infant and maternal mortality and universal access to primary education, with special attention to closing the gender gap. We strongly hope that this session will adopt the necessary action-oriented recommendations with additional resources in order to speed the implementation of the ICPD Programme of Action.

Five years after the Conference, the international community has registered progress through the achievement of various goals. Annual population growth has declined, infant and child mortality has fallen and people are living longer. However, the world still faces many problems and challenges. Severe economic crises, which eliminate jobs and increase poverty, as well as war, ethnic cleansing, conflicts, foreign occupation and natural disasters are obstacles that continue to slow the rate of progress.

In this regard, we would like to draw the Assembly's attention to the grave situation in the occupied Palestinian territory, including Jerusalem. Israel, the occupying Power, continues its illegal policies and practice of colonial settlement activities in the occupied Palestinian territory, including Jerusalem, in violation of international law, the Fourth Geneva

Convention of 1949 and United Nations resolutions. The illegal construction of these settlements, including most recently those at Jabal Abu Ghneim and Ras al-Amud, has created a serious situation requiring the attention and concern of the international community. The international community must address this situation with the aim of bringing an end to all illegal Israeli settlement activity, including all of consequent illegal and harmful measures, such as the transfer of Israeli citizens to the occupied territory, the confiscation of land and the exploitation of natural resources, including water. All of this clearly reflects a policy of illegal expansion and annexation on the part of the occupying Power.

The situation of the 3.5 million Palestine refugees has deteriorated in recent years. More than 15 per cent of the total Palestinian population in the occupied Palestinian territory resides in refugee camps. The Palestine refugees in the occupied territory and throughout the region continue to face severe socio-economic hardships, including very high unemployment, a decline in household income, an overburdened infrastructure and deplorable living conditions.

At this important forum, we wish to reaffirm that, in accordance with international law, the Palestinian refugees, like any other refugees, have natural and inalienable rights to return to their homes and properties or to compensation for those who choose not to return. Therefore, the international community should continue to assist them until a definitive solution to their problem is reached through the implementation of the relevant United Nations resolutions.

Another problem the Palestinian people continue to face is displacement. The rights of Palestine refugees, however, should not be confused with the right of displaced persons to return to the territory occupied by Israel since 1967. The international community should strongly reaffirm the appeal made in the Programme of Action that population distribution policies be consistent with such international instruments as the Geneva Convention relative to the Protection of Civilian Persons in Time of War, of 12 August 1949, including article 49. Moreover, it should reaffirm the call made in the Programme of Action for countries to address the causes of migration and displacement, including armed conflict and illegal colonial settlements, and establish the necessary mechanisms to protect and assist displaced persons, including compensation for damages and the right to return to their homes and property.

Palestine has undertaken a variety of measures to enhance activities in the field of population and development. The Palestinian Central Bureau of Statistics was established specifically to monitor demographic changes within the Palestinian population, to conduct population and housing censuses and to identify indicators for monitoring progress in implementation of the ICPD Programme of Action.

With regard to international concerns regarding health care, the Palestinian National Authority has given special attention to the issue of health, in particular reproductive health. Although our official population policy has not yet been formulated, the Palestinian health plan is being developed in accordance with the principles and objectives of the ICPD Programme of Action. Promoting reproductive health, including women's health, is the central theme of the Palestinian health plan, which seeks to reduce maternal mortality and high-risk pregnancy by 50 per cent; integrate reproductive health/family planning services and counselling at the primary and secondary health-care level; increase contraceptive prevalence by 25 per cent; increase the proportion of women receiving post-natal care; introduce screening in nearly 50 per cent of health facilities for early detection of breast and cervical cancer; and increase awareness of the population on reproductive health issues through mass media and other communication channels.

Gender concerns have also been integral to the development of the Palestinian health plan. A separate Gender Planning Unit was established in the Ministry of Planning and International Cooperation. Moreover, the data of the 1997 Palestinian census was analysed by gender to provide the basis for accurate assessment of gender issues and to incorporate gender concerns into population and development plans.

I would like to take this opportunity to express our sincere gratitude and appreciation to the international community for its support and assistance to the Palestinian people and the Palestinian National Authority. In particular, I would like to convey our appreciation to the United Nations Population Fund for its role in supporting the Palestinian National Authority and in enabling it to implement the ICPD Programme of Action. We are confident that the establishment of cooperative relationships and partnerships, such as those between the Palestinian Authority and relevant United Nations bodies and non-governmental organizations, will bring concrete results in the improvement of the situation of the Palestinian people in the important fields of population and development.

The meeting rose at 1.20 p.m.